



Application for Family or Medical Leave (FMLA)

(FMLA entitles eligible employees to up to 12 weeks time off in a 12-month period for personal illness, birth or adoption of a child, the serious illness of a close family member, qualifying exigency or military caregiver leave. Employee medical benefit continues during the leave, however, pay may not. **Employees with 12 or more continuous months of service are generally eligible.** Refer to policy HR 08.225, or contact a benefits counselor in Human Resources.)

Name of Employee: _____ Banner ID: _____

Date of Hire: _____ Start Date of Leave: _____ Expected End Date: _____

Hours per week requested: _____. Specify your schedule if less than full-time leave is required: _____

Personal phone number and/or email: _____

Leave Keeper's Name: _____ Supervisor's Name: _____

Department: _____

Leave is for:

- _____ Personal Illness _____ Adoption or Birth of a Child _____ Family Member Illness
- _____ Qualifying Exigency _____ Military Caregiver Leave (up to 26 weeks in a 12 Month Period)

Have you been absent from work (paid or unpaid) for an FML eligible leave during the last 12 months? _____

EPA or SPA Staff

Do you wish to apply for Shared Leave? _____ Yes _____ No

Employee **must** exhaust all sick, vacation, & bonus leave to be eligible for shared leave donations. An employee on maternity leave may be eligible to receive voluntary shared leave to cover the **period of disability** related to the pregnancy and/or birth as documented by a physician.

Faculty (9 month non-leave earning):

See [Faculty Disability & Family Medical Leave Salary Continuation Policy](#)

Use of Faculty Disability salary continuation: From: _____ To _____ (max of 3 months)

I plan to:

- Not work at all during the period covered by salary continuation.
- Work a reduced schedule in combination with salary continuation (Contact HR)

Faculty should complete **Postponement of RTP and Post Tenure Review form**.

This application must be accompanied by medical documentation from the patient's physician, or other supporting documentation as appropriate.

Employee's Signature: _____ Date: _____

Note: Should need for time off exceed paid leave time available, please contact Human Resources for further information on shared leave, leave without pay or disability income.